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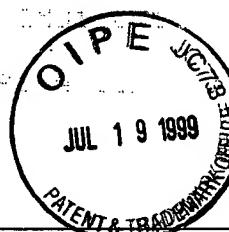
Assistant Commissioner for Patents

Washington, D.C. 20231

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NEIL D. GERSHON
UNITED STATES SUPPORT OFFICE
111 GLOVER AVENUE
NORWALK, CT 06856



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Vanessa Mastri

(Depositor's name)

Vanessa Mastri

(Signature)

July 15, 1999

(Date)

APPLICATION NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
10/61 07/03/99	28	WOOD, J	373 04/13/99	
First Named Applicant	WINSLAW,	35 USC 154(a)(2)(b)(i) term ext.	0 Days	

TITLE OF INVENTION: *ENDOTRONIC INSTRUMENTS* (Applicant's name) *ENDOTRONIC INSTRUMENTS*

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEES DUE	DATE DUE
	438-100-001	PRE	UTILITY NO		\$1210.00	07/19/99

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required.

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47) attached.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 _____
2 _____
3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE **Surgical Dynamics, Inc.**

111 Glover Avenue

(B) RESIDENCE: (CITY & STATE OR COUNTRY) **Norwalk, CT 06856 USA**

Please check the appropriate assignee category indicated below (will not be printed on the patent)

individual corporation or other private group entity government

4a. The following fees are enclosed (make check payable to Commissioner of Patents and Trademarks):

Issue Fee
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DEPOSIT ACCOUNT NUMBER **21-0550**
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The COMMISSIONER OF PATENTS AND TRADEMARKS IS requested to apply the Issue Fee to the application identified above.

(Authorized Signature)

Neil D. Gershon 32,225 *Neil D. Gershon*

(Date)

7/14/99

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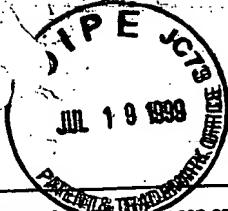
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PART B - ISSUE FEE TRANSMITTAL

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NEIL D GERSHON
UNITED STATES SURGICAL CORPORATION
150 GLOVER AVENUE
NORWALK CT 06856

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Vanessa Mastri

(Depositor's name)

Vanessa Mastri

(Signature)

July 15, 1999

(Date)

APPLICATION NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
08/889,661	07/08/97	026	WOO, J	3731 04/19/99
First Named Applicant	WINSLOW,	35 USC 154(b) term ext.	=	0 Days.

TITLE OF INVENTION METHOD AND INSTRUMENTATION FOR IMPLANT INSERTION

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEES DUE	DATE DUE
3 1791-CON	606-061.000	R96	UTILITY	NO	\$1210.00	07/19/99

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(Authorized Signature) *Neil D. Gershon* (Date) *7/14/99*
Neil D. Gershon 32,225

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